REVISTA ONLINE DE PESQUISA

CUIDADO É FUNDAMENTAL

Universidade Federal do Estado do Rio de Janeiro • Escola de Enfermagem Alfredo Pinto

RESEARCH

DOI: 10.9789/2175-5361.2018.v10i3.784-792

Nurses' Attitudes Toward the Families Caring Process Regarding the Childbirth and the Immediate Postpartum Period

Atitudes de Enfermeiros nos Cuidados com Famílias no Contexto do Parto e Puerpério Imediato.

Las Actitudes en las Enfermeras de Atención con Las Familias en el Contexto del Trabajo y el Puerperio Inmediata

Jéssica Sâmia Silva Tôrres Ribeiro[1], Francisca Georgina Macêdo de Sousa [2], Giuliane Ferreira Lopes dos Santos[3], Andrea Cristina Oliveira Silva [4], Benylda Araújo Pinheiro de Sousa[5]*

How to quote this article:
Ribeiro JSST, Sousa FGM, Santos GFL, *et al*. Atitudes de Enfermeiros nos Cuidados com Famílias no Contexto do Parto e Puerpério Imediato. Rev Fund Care Online. 2018 Jul./Sep.; 10(3):784-792. DOI: http://dx.doi.org/10.9789/2175-5361.2018.v10i3.784-792

ABSTRACT

Objective: Herein, our goal has been to identify the nurses' attitudes about the importance of families in the care process in the context of childbirth and puerperium according to the dimensions of the IFCE - AE scale (derived from the original scale: Families' Importance in Nursing Care – Nurses' Attitudes). It is also aimed to describe the attitudes that contribute and/or imply for the valorization of the families in the practices of nursing care. **Methods:** It is a descriptive and cohort study that was performed with 76 nurses from the Shared Housing Services and Obstetric Center of two health institutions. **Results:** Nurses have had supportive attitudes toward the families, having an average of 78.4 points and in the dimensions as follows, Family: dialoguing partner and coping resource (35.6 points), Family: nursing care resource (30.8 points), Family: burden (11.9 points). **Conclusion:** The nursing professionals majority do not have the nursing and families course, which evidences the need for investment in continuing education programs focused on family care practices and changes in the university curricular structures.

Descriptors: Nursing, Family-centered care, Family nursing..

[1] Nursing Graduate, Master's Degree in Nursing by the Universidade Federal do Maranhão, Member of the Study Group and Research on Family, Child and Adolescent Health.

[2] Nursing Graduate, Doctor's Degree in Nursing, Professor at the Universidade Federal do Maranhão, Leader of the Study Group and Research on Family, Child and Adolescent Health, Research Coordinator.

[3] Nursing Graduate, Master's Degree in Collective Health by the Universidade Federal do Maranhão.

[4] Nursing Graduate, Doctor's Degree in Science, Professor at the Universidade Federal do Maranhão, Member of the Study Group and Research on Family, Child and Adolescent Health.

[5] Nursing Graduate, Master's Degree in Collective Health by the Universidade Federal do Maranhão, Member of the Study Group and Research on Family, Child and Adolescent Health.

RESUMO

Objetivo: Identificar atitudes de enfermeiros sobre a importância das famílias no processo de cuidado no contexto do parto e puerpério segundo as dimensões da Escala IFCE – AE; Descrever as atitudes que contribuem e/ou implicam para a valorização das famílias nas práticas de cuidados dos enfermeiros. **Métodos:** Estudo transversal, descritivo realizado com 76 enfermeiros dos Serviços de Alojamento Conjunto e Centro Obstétrico de duas instituições de saúde. **Resultados:** Os enfermeiros detinham atitudes de suporte para com as famílias, com média da escala total de 78,4 pontos e nas dimensões Família: parceiro dialogante e recurso de coping (35,6 pontos), Família: recurso nos cuidados de enfermagem (30,8 pontos), Família: Fardo (11,9 pontos). **Conclusão:** A maior parte dos enfermeiros não têm o curso de enfermagem e famílias, evidenciando a necessidade de investimento em formação continuada voltadas para as práticas de cuidado de famílias e em mudanças nas estruturas curriculares das universidades.

Descritores: Enfermagem, Cuidado centrado na Família, Enfermagem familiar.

RESUMEN

Objetivo: Identificar las actitudes de las enfermeras acerca de la importancia de las familias en el proceso de atención en el contexto del parto y post-parto de acuerdo a las dimensiones de IFCE Escala - AE; Describir las actitudes que contribuyen y / o dar a entender a la apreciación de las familias en las prácticas de atención de enfermería. **Métodos:** Estudio transversal, descriptivo realizado con 76 enfermeros de Servicios de Alojamiento Conjunto y obstétrica Centro de dos instituciones de salud. **Resultados:** Las enfermeras en poder actitudes de apoyo hacia las familias, con amplitud media total de 78,4 puntos y dimensiones Familia: compañero de conversación y de recursos de afrontamiento (35,6 puntos), Familia: uso en el cuidado de enfermería (30 , 8 puntos), Familia: Armadura (11,9 puntos). **Conclusión:** La mayoría de las enfermeras no tienen el curso de enfermería y las familias, haciendo hincapié en la necesidad de invertir en la formación continua dirigida a las familias encargadas de las prácticas y los cambios en las estructuras curriculares de las universidades..

Descriptores: Enfermería, Centrada en la familia de cuidado, Enfermería de la familia.

INTRODUCTION

For the woman and the family the gestation process includes a mixture of feelings, doubts, fears and longings, which suggest special attention both to the biological aspects related to the health of the pregnant woman and the child as well as to the emotional ones. The approach of the period of birth, the focus of professional attention is directed to the care of the mother-baby binomial without forgetting to host and take care of the family. However, in the process of childbirth and puerperium the main actors are the parturient and the baby, to whom all care is dispensed, and the relatives are often unassisted.

In view of this, the Family-Centered Care[1] is envisaged aiming to promote the health and well-being of individuals and families and restore their control and dignity without eliminating the individual competence of each member in relation to the decision-making of their health. Family-centered care comprises an approach to planning, delivery and evaluation of partnership-based health care that benefits both professionals, also patients and relatives with significant contributions to quality and care safety.[2]

In view of these goals, the Family Nursing is understood as nursing care in health and illness with emphasis on the family's responses to real or potential health problems.[3] Consists of the nursing care provided to meet the needs of families and promote family health, taking into account their needs as a whole and of their individual members.[4]

Thus, family-centered care has been adopted as a philosophy of care in nursing whereby nurses incorporate in the care process the knowledge and conviction that families represent a constant in the life of their members, regardless of the life cycle in which meet, and that needs differ for each of them. This philosophy argues that by involving the family in nursing care will provide and provide excellence care.

Based on these conceptions, the object to be investigated is based on the nurses' care practices in the context of childbirth and the puerperium and the attitudes of these professionals to care for the family. It is inferred that behaviors such as bonding, partnership, horizontal relationships, listening and qualified communication are positive attitudes of nurses that contribute to the involvement and engagement of families in health care in the context of childbirth and puerperium. The research problem was supported by the following questions: What are the attitudes adopted by nurses in order to valorize the family in the context of childbirth and puerperium? What are the nurses' attitudes can contribute to family valorization regarding the childbirth and puerperium?

The study's goal has been to identify the nurses' attitudes about the importance of families in the care process in the context of childbirth and puerperium according to the dimensions of the scale: *A Importância das Famílias nos Cuidados de Enfermagem - Atitudes dos Enfermeiros (IFCE – AE)* [Families' Importance in Nursing Care – Nurses' Attitudes]. It is also aimed to describe the attitudes that contribute and/or imply for the valorization of the families in the practices of nursing care.

METHODS

It is a descriptive and cohort study that was performed in the Shared Housing Service and Obstetric Center from two reference health institutions, which are referral units in childbirth and puerperium care at the *Maranhão* State. Data collection took place from October 2015 to June 2016 with a population of 76 nurses.

Nurses 'attitudes toward the valorization of the family in the care process were evaluated through the Families' Importance in Nursing Care – Nurses' Attitudes (FINC-NA) scale originally developed in Sweden[5], translated and validated in Brazil[6] as *A Importância das Famílias nos Cuidados de*

Enfermagem - Atitudes dos Enfermeiros (IFCE – AE). It is a self-filling scale of the Likert type composed by 26 items with four (04) response options (I completely disagree, disagree, agree and completely agree). The score for each item ranges from 1 to 4 and the total IFCE-AE scale from 26 to 104.

By the *IFCE-AE*, nurses' attitudes are categorized into three independent dimensions: Family: dialoguing partner and coping resource, composed by 12 items (4, 6, 9, 12, 14, 15, 16, 17, 18, 19, 24 and 25) whose score ranges from 12 to 48; Family: nursing care resource, with 10 items (1, 3, 5, 7, 10, 11, 13, 20, 21 and 22) and variation from 10 to 40; Family: burden, consisting of four items (2, 8, 23 and 26) and a variation from 4 to 16. It should be pointed out that this last dimension shows inverted items, and the higher the score, the greater is the attitude of disagreement regarding the importance of the family in the care process.

The validation process6 showed good internal consistency of items with Cronbach's alpha ($\alpha = 0.87$), close to the one found in our study ($\alpha = 0.82$) with a variation of 0.70 to 0.20 for the three dimensions: Family: dialoguing partner and coping resource (0.70); Family: nursing care resource (0.70) and Family: burden (0.20).

For analysis it is important to consider that the higher the score obtained in the first two dimensions and the lower in the third, the more importance nurses attribute to the family in the care, in other words, more support attitudes are revealed by the nurses.[6]

Data from the completed instruments were tabulated in the Microsoft Excel 2010 worksheet, which was performed by two digitizers, resulting in 100% interdigitating agreement analysis, with a *Kappa* index of 1, in other words, perfect agreement among the paired banks. For the statistical analysis, the Stata Software 12.1 was used, initially applying the Kolmogorov-Smirnov test and the normal distribution was verified in the variables Family: dialoguing partner and coping resource ($p = 0.184$); Family: nursing care resource ($p = 0.217$) and Family: burden ($p = 0.097$)]. The normality of the three dimensions has been verified by the *Normal Quantile* Plot and Histogram.

The research project titled Importance of the Family for Care Processes: Nurses' Attitudes in the Hospital and Primary Care Contexts was initially sent to the Scientific Committee, and then to the Ethics Committee, both of them from the University Hospital of the *Universidade Federal do Maranhão* and approved with Protocol No. 46389315.6.0000.5087 from 09/29/2015. Subsequently, the project was inserted in the *Plataforma Brasil* (Brazil Platform) for guidance to the Research Ethics Committee, with favorable Legal Opinion registered under number 1.249.885. The ethical aspects related to research with human beings were respected as determined by Resolution No. 466/12 of the National Health Council. The subjects' participation in the research was voluntary, the objectives and purposes of the investigation were clarified, the anonymity of the participants was ensured and consent was requested in order to disseminate the results obtained. Data were collected after signing the Informed Consent Term.

RESULTS

It is understood that the nurse's attitude reflects the way in which he/she perceives the importance of the family in the care, being predictive of their behavior. If the nurse perceives the family as important and the quality of the interaction that establishes is significant, then the path is promoted for an advanced professional practice.

Table 1. Sociodemographic, professional and academic characterization of the nurses from the Obstetrical and Gynecological Surgical Center and Shared Housing of two maternities, São Luís – MA, 2016.

Variable	n	Average/SD	%
Age Group		37/7.4	
Up to 30 years old	09		11.84
From 30 to 40 years old	40		52.63
More than 40 years old	27		35.53
Sex			
Female	69		90.79
Male	07		9.21
Academic Degree			
Bachelor	09		11.84
Specialist	60		78.94
Resident	00		0.00
Master	07		9.21
Doctor	00		0.00
Postgraduate			
None	09		11.84
Specialization in Obstetrics and Neonatology	29		38.16
Specialization in Family Health	16		21.05
Family Health and Obstetrics and Neonatology	09		11.84
Specialization in Health Sciences	02		2.63
Others	08		10.53
*ICU	03		3.95
Experience Time		10/6.6	
Less than 5 years	14		18.42
From 5 to 10 years	32		42.10
More than 10 years	30		39.47
Sector (Unit)			
Obstetrical Centro	47		61.84
Shared Housing	29		38.16

The nurses participating in the research were predominantly female (90.79%), aged between 30 and 40 years old (52.63%) with an average age of 37 years old. The majority had an academic degree of specialization (78.94%), were linked to the Obstetrical and Gynecological Surgery Center (61.84%), with a professional experience time from 5 to 10 years (42.10%).

The Specialist's Degree in Obstetrics and Neonatology was the most frequent among the nurses surveyed with 38.16%.

Table 2. Nursing Content of Families at undergraduate and graduate levels performed by Nurses of the Obstetric and Gynecological Surgical Center and Shared Housing of two maternity hospitals, São Luís – MA, 2016.

Variable	n	%
Family Nursing Course		
Yes	19	25.00
No	57	75.00
Discipline with content of Family Nursing during the Graduation Course		
Yes	29	38.16
No	26	34.21
Does not remember	21	27.63
Discipline with content of Family Nursing during the Postgraduate Course		
Yes	27	35.53
No	31	40.79
Does not remember	18	23.68
Did you have a Family Nursing discipline at the undergraduate level?		
Yes	16	21.05
No	40	52.63
Does not remember	20	26.32
Did you have a Family Nursing discipline at the postgraduate level?		
Yes	16	21.05
No	44	57.89
Does not remember	16	21.05
Total	76	100

Considering the nurses that have participated in the research, 75% did not have any courses in Family Nursing. When asked if they have attended to Family Nursing classes either over Graduation or Postgraduate Course, the majority, 52.63% and 57.89%, respectively, answered negatively. When asked if in the undergraduate and postgraduate levels they had taken a course with the contents of Family Nursing, 38.16% said yes and 40.79% denied. Regarding the questions about training in Family Nursing, the data reveal a process to be reconstructed, since all nurses should have the knowledge and skills to intervene in the family.[6] By increasing the knowledge and practices for intervention in the family, it is possible to contribute to nurses becoming more sensitive to the demands of care, reorienting practices and breaking with the doctor-centered model.

The *IFCE-AE* scale was used in the research to identify nurses' attitudes toward families in the context of immediate delivery and puerperium. In order to respond to the objectives of the study, the data were analyzed by describing the respondents' answers, according to the scale dimensions (Table 3).

Table 3. Dimensions of the IFCE-AE scale scored by the nurses of the Obstetrical and Gynecological Surgical Center and Shared Housing of two maternity hospitals, São Luís – MA, 2016.

Dimension	Average/SD	Minimum and Maximum Scores	*CI 95%
Family: dialoguing partner and coping resource	35.6/3.4	28-47	34.8-36.4
Family: nursing care resource	30.8/3.0	24-38	30.1-31.5
Family: burden	11.9/1.3	8-15	11.6-12.5
***IFCE-AE* total average**	78.4/6.3	67-95	76.9-79.8

*Confidence Interval.

This study showed that nurses adopt attitudes of support to the family, since the average found (78.4 points, 95% CI: 76.9-79.8), represents a percentage of agreement of about 75%, taking into account that this instrument varies between a minimum value of 26 and a maximum of 104, with an average point of 65 points.

In a more specific analysis of the dimensions of the *IFCE-AE* scale, the average for the dimension, Family: dialoguing partner and coping resource was 35.6 points (minimum of 28 and maximum 47 points), which has an average point of 30 points, representing a percentage of agreement of 74.2%.

The average found in the dimension, Family: nursing care resource was 30.8 points (minimum of 24 and maximum of 38 points), which has an average point of 25 points with agreement of 77%.

In the dimension, Family: burden, the average was 11.9 points (minimum of 8 and maximum of 15 points), which has an average point of 10 points.

Nurses' attitudes were categorized, according to the *IFCE-AE* scale and their dimensions, and then described in order to identify which attitudes nurses take to take care of families (**Tables 4, 5 and 6**).

Table 4. Nurses' attitudes in the dimension, Family: dialoguing partner and coping resource, according to the IFCE-AE scale, São Luís – MA, 2016

ANSWER OPTIONS	Completely Disagree	Disagree	Agree	Completely Agree
DIMENSION 1	n %	n %	n %	n %
4. Family members should be invited to actively participate in patient nursing care	—	11 14.47%	41 53.95%	24 31.58%
6. In the first contact with family members, you may invite them to participate in discussions about the patient care process	—	12 15.79%	53 69.74%	11 14.47%
9. Discussing with family members during the first contact, about the care process, saves me time in my future work	04 5.26%	18 23.68%	39 51.32%	15 19.74%
12. I always try to know who the members of the patient's family are	02 2.63%	10 13.16%	53 69.74%	11 14.47%
14. I invite family members to talk after care	01 1.32%	21 27.63%	50 65.79%	04 5.26%
15. I invite family members to actively participate in patient care	—	18 23.68%	47 61.84%	11 14.47%
16. I ask families how I might help them	01 1.32	07 9.21%	53 69.74%	15 19.74%
17. I encourage families to use their resources so that they can better deal with situations	—	10 13.16%	54 71.05%	12 15.79%
18. I consider family members as partners	—	01 1.32%	59 77.63%	16 21.05%
19. I invite family members to talk about changes in the patient's condition	—	10 13.16%	54 71.05%	12 15.79%
24. I invite family members to give their opinion on care planning	01 1.32%	35 46.05%	37 48.68%	03 3.95%
25. I see myself as a resource for families, so they can deal as best they can with their situation	01 1.32%	02 2.63%	58 76.32%	15 19.74%

In the dimension, Family: dialoguing partner and coping resource, nurses have adopted attitudes of conciliation, empathy and dialogue with the family and that it is imbued with forces and resources capable of dealing with foreseeable or accidental events that imply change and reorganization of their roles.

Despite the positive attitudes (represented by the percentages I agree and completely agree), those that compromise or limit care with families need to be highlighted in the answers I disagree with and completely disagree among which "I invite family members to give their opinion on care planning" (46.68%), "I invite family members to talk after care" (27.63%), I invite family members to actively participate in patient care, "which reveals both imposed and vertical attitudes.

Table 5. Nurses' attitudes in the dimension, Family: nursing care resource, according to the IFCE-AE scale, São Luís – MA, 2016.

PÇÕES RESPOSTA	Discordo completamente	Discordo	Concordo	Concordo Completamente
DIMENSÃO 2	n %	n %	n %	n %
1. É importante saber quem são os membros da família do paciente	—	02 2,63%	45 59,21%	29 38,16%
3. Uma boa relação com os membros da família dá-me satisfação no trabalho	01 1,32%	01 1,32%	44 57,89%	30 39,47%
5. A presença de membros da família é importante para mim como enfermeira(o)	—	03 3,95%	58 76,32%	15 19,74%
7. A presença de membros da família dá-me um sentimento de segurança	01 1,32%	13 17,11%	53 69,74%	09 11,84%
10. A presença de membros da família alivia a minha carga de trabalho	08 10,53%	36 47,37%	26 34,21%	06 7,89%
11. Os membros da família devem ser convidados a participar ativamente no planejamento dos cuidados a prestar ao paciente	—	13 17,11%	49 64,47%	14 18,42%
13. A presença de membros da família é importante para os próprios membros da família	—	01 1,32%	51 67,11%	24 31,58%
20. O meu envolvimento com as famílias faz com que me sinta útil	03 3,95%	10 13,16%	46 60,53%	17 22,37%
21. Ganho muitos conhecimentos valiosos com as famílias, que posso utilizar no meu trabalho	—	05 6,58%	53 69,74%	18 23,68%
22. É importante dedicar tempo às famílias	—	04 5,26%	56 73,68%	16 21,05%

In the dimension, Family: nursing care resource, composed by 10 items, nurses considered the family as a resource in care and being valued for its expertise, skill and ability and responsible in the health-disease processes within the family.

Attitudes revealed by some nurses are seen as worrying not only for those who enter the hospital environment in search of support, but for all health professionals, managers and researchers, who must recognize the importance of families for those who need care in a unique moment of their lives.

Table 6. Nurses' attitudes in the dimension, Family: burden, according to the IFCE-AE scale, São Luís – MA, 2016.

ANSWER OPTIONS	Completely Disagree	Disagree	Agree	Completely Agree
DIMENSION 3	n %	n %	n %	n %
2. The presence of family members makes my work difficult	21 27.63%	46 60.53%	08 10.53%	01 1.32%
8. I do not have time to take care of the relatives	21 27.63%	47 61.84%	08 10.53%	—
23. The presence of family members makes me feel evaluated	06 7.89%	27 35.53%	38 50.0%	05 6.58%
26. The presence of family members makes me stressed	22 28.95%	50 65.79%	03 3.95%	01 1.32%

In the dimension, Family: burden, the nurses recognized the family as a burden, meaning they did not have time to care for this group and considered their presence and permanence in the context of childbirth and puerperium undesirable.

DISCUSSION

The majority of the nurses participating in the research were female, with an average age of 37 years old, were linked in the Obstetric Surgical Center, had professional experience between 5 to 10 years, with specialization in Obstetrics and Neonatology.

This fact can be explained by the current policy of the Health Ministry to reduce maternal and infant mortality that established the Rede Cegonha (Stork Network) through Administrative Rule No. 1459 from June 24th, 2011[7,2] that "consists of a network of care aimed at ensuring the woman the right to reproductive planning and to humanized care for pregnancy, childbirth and the puerperium, as well as the right of the child to birth." While the Stork Network[7] aims to promote the implementation of a new model of health care for women and children focusing on childbirth, conception, growth and development of children from zero to twenty-four months, organize the Maternal and Child Health Care Network to ensure access, shelter and resilience and reduce maternal and infant mortality with emphasis on the neonatal component.

Although institutions receive families every day, professionals do not have training to deal with this social group that needs to be cared for in an environment, which often has a rigid routine, making it difficult for family relationships to establish themselves fully.

These results are consistent with those found in research carried out in other realities, such as the research with nurses who worked in primary health care in Portugal[8], in a hospital in São Paulo and with nurses who worked in Primary Health Care and in Center Groups (69.6%, 59.4% and 63%, respectively). In the present study, the majority of nurses did not have training in family nursing (69.6%, 59.4% and 63%, respectively). When asked whether undergraduate or graduate students had taken the Family Nursing course and some discipline with Family Nursing content, but most responded negatively.

The results show that today nurses have little knowledge to care for families or lack of personal private initiatives to seek updating on the subject or the absence and incorporation of the contents of Family Nursing in undergraduate and graduate courses, so that nurses are holders of knowledge and tools to assist the needs of families and their members in their specificities.

The study showed that nurses adopt family support attitudes, with a mean of 78.4 that is similar to the international studies that used the same scale, whose average was 76 to 79.2 points, demonstrating that the nurses interviewed had a favorable attitude towards Inclusion and family participation in nursing care.[8,9,10,11,12,13,14,15] It was emphasized that in the original scale[5], a total score average equal to 88 was found higher than that found in the research.

In the national studies[16] the average found was 82 points, indicating that nurses have a supportive attitude about the importance of families in nursing care. Research performed in the neonatal and pediatric context[17], the mean of the IFCE-AE scale was 79.89 points in the pre-intervention phase (training on the nursing of family systems) and 81,78 in the post-intervention phase.

In a more specific analysis of the dimensions of the IFCE-AE, the average for the dimension, Family: dialoguing partner and coping resource was 35.6 points. In this dimension, the family is both "an important source of information and an interlocutor with whom a therapeutic dialogue can be established and its involvement in the care of the patient is valued."[15] This dimension means recognizing the importance of dialogue in the family. Is imbued with forces and resources capable of dealing with foreseeable or accidental events that imply change and reorganization of their roles.

The average found in the dimension, Family: nursing care resource was 30.8 points. In this dimension, the family is considered as a resource in care, being valued for its expertise and co-responsible in the health-disease processes within the family, mediated through interaction that consists of a relationship of collaboration, partnership and non-hierarchical reciprocity.

In the dimension, Family: burden, the average was 11.9 points. The average found in the survey (11.9) is above the midpoint of this dimension. It is emphasized that in this dimension the items are reversed, that is, the higher the score, the more positive attitudes the nurses hold with the families in the work environment, showing the nurses' disagreement with the attitudes that define the family as a burden. This result is corroborated in the national and international studies.[8,9,10,11,12,13,14,15,17]

In the dimension, Family: dialoguing partner and coping resource, 85.53% of the nurses studied agree that family members should be invited to participate actively in patient nursing by establishing themselves as partners in parturient care. Although 11.47% of the nurses disagree with this partnership, where the opinions and suggestions of the family are not used in the perspective of care, placing the family as passive and the inquisitive nurse.

Most nurses (84.21%) invited family members to participate in the discussions about the patient care process. However, 15.79% disregarded this participation, devaluing what is more singularly human, which is the capacity for ample care that the family has as without a loved one. This false contact that the nurses demonstrate with the family is seen in the data where a portion of the nurses do not know how to listen, excluding the family from the place that is truly for them.

When asked if nurses discussed with family members during the first contact, about the care process, which saved them time in their future work, 71.06% were in favor of this discussion. But, 28.94% disagreed with this

statement. Health professionals work on a daily basis with families, consequently with beliefs, cultures, values. To care for one another is necessary to understand the other, in order to establish bond with mutual benefits. When faced with such high rates of professionals who do not establish a bond, we are led to think of our way of relating and of establishing contact with families, and to conclude that care is still deliberately systematic and intentional, aimed only at the parturient person.

The nurses always sought to know who the members of the patient's family were (84.21%), while 15.79% disagreed. They reveal with this that they do not ignore only the family, but the members that belong to it. This condition fragments the attention, hinders the negotiations necessary for the care process and compromises the collaboration so important for the continuity of care at home.

Regarding the nurses' attitudes about family participation in care, 71.05% of nurses invited family members to talk after care and 76.31% to actively participate in patient care. However, 28.95% disagreed with the first statement and 23.68% with the second, which can be inferred that nurses are increasingly worried about the patient and ill prepared to take care of their families. Moving away from the family means that nurses do not observe the codes of non-verbal language presented by them, using this social group for the mere collection of data that will guide the care provided, without the family's participation.

The results show that in this model, the family on the one hand helps the team, but on the other hand, the nurses adopt attitudes of reprisal of the capacity of the family to support the care of the woman and the woman. We emphasize the urgency of the family to move from the place of simple depositary of shares to the dynamic role of co-responsibilities.

Most nurses (86.84%) encourage families to use their resources so that they can better deal with childbirth and puerperal situations. While 13.16% disagree with this statement. Through the nurses' relationship with the family, the nurse seeks strategies to understand the integrality and complexity that each family member has, and is the nurse who has the knowledge and skills necessary for the family to seek resources that help them through for that situation in the childbirth process that often may not have the expected outcome.

Consequently, it is essential that nurses consider the family as partners, allowing it to appropriate the foundations that will help the family in the process of changes that may include losses or situations in which the woman has not resisted labor complicated.

Participants invited family members to talk about changes in the patient's condition (86.84%); on the contrary, 13.16% disagreed with this attitude of care. These are situations that should lead us to rethink about the nurse/family relationship, seeking to understand it as the one that needs integral attention, rescuing its dignity as a factor inherent in care relationships.

Regarding the attitude of inviting family members to give their opinions about care planning, 52.63% of the nurses agreed, while 47.37% disagreed. This question points to the need for the family to be placed as a nursing partner and not as an auxiliary. It is necessary to rethink the humanizing practices of care, building therapeutic relationships that involve respect for the singularity of each family, as well as the conception of the man as thinking individual and that may be indispensable for the care provided to be effected efficiently. It is through the dialogue with the families that the nurse can draw from the most intimate experiences, beliefs and points of view the therapy necessary for the parturient/puerperal in order to pass through the experience of childbirth in a full and satisfactory way.

The majority of the nurses (81.58%) stated that the presence of family members gave them a sense of security, while 18.43% disagreed with the statement. This reflects nurses' indifference to families.

When 57.9% of the nurses disagreed that the presence of family members alleviates their workload and 42.1% agreed with the statement revealed a dichotomous condition, since most respondents agree that family members increase their burden of work, reflecting a constant concern in the care that these nurses exercise in their relations with the family, which allows us to conclude how the care is still directed to the needs of the patient and not of the family.

Inviting family members to participate actively in planning care for the patient was considered a positive attitude toward care. In this item of the *IFCE-AE* scale, 82.9% of the nurses agreed and revealed in this way that this involvement with the family makes them feel useful. However, 17.11% disagree with the above statements, corroborating that a portion of nurses still hold attitudes that exclude nursing families and do not agree with their insertion in nursing care. This fact was compromised by nurses who considered that the presence of family members have made their work difficult, and did not have time to care for families with 11.85% and 10.53% respectively.

Most nurses (56.58%) agreed that the presence of family members made them feel evaluated while doing their daily practices. On the other hand, 43.42% disagreed with this statement. It is necessary that the nurse be able to have a different look for each family, because insufficient knowledge about family dynamics, cultures and beliefs, can lead to a gap between the professional and the family, which may be much larger than those found here.

If we combine the results of this research with the isolated attitudes of the nurses from the dimensions of the *IFCE-AE* scale and the organization of the nurses' work process in six and 12 hour scales, it is possible that

in a single shift and with the same professional, either the positive or negative attitudes might be emphasized valuing or limiting the care with families depending on the personal options of each nurse

CONCLUSION

The establishment of bonding and partnership as nursing care devices are undoubtedly the guiding principles for working with families to be based on companionship and reciprocity based on an assistance that benefits both. Assistance is not only the techniques and mechanisms of the immediacy of care, but the use of light technologies that place the family as a center, playing an essential role for the support and support of the one who is the recipient of the care.

In order to take care of someone, the nurse must hold attitudes that imply in the capacity to admit the partnership with the family, and that, often, the disregard of this group marginalizes him not only beyond the screens of hospital beds, but outside the walls of the institutions.

Most nurses were not trained in family nursing. Thus, some questions arise, as the following: Are the academic institutions performing their role of training the human beings on taking care? Are the hospitals conducting ongoing training with their employees?

Therefore, it would be opportune on the part of the studied institutions to invest in continuing education focused on the practices of care of families, with courses that involve this theme, thus increasing the knowledge of the nurses who provide assistance in these institutions.

For nursing institutions, it is essential to change the curriculum that fits the reality found outside the walls of universities, so placing the discipline of family nursing as a compulsory curricular basis for both undergraduate and graduate students.

Knowing that the philosophy of caring goes beyond direct care and requires sensitivity to the other person, we ask you to get out of the "box" of automatism and look beyond immediateness. We ask you to see that "companion" person as a person who needs, so much, of you. Look at the one who arrived exhausted from work and went straight to the hospital to give time to see his son born, even with lunch alone, starving, but who cannot get away from his wife that is about to give birth. Look at him. He just needs to be welcomed. Just see, within your possibilities and impossibilities, what you could do for him at that moment.

Herein, we have come to challenge you to look beyond the mother-baby binomial, to look beyond either the prepartum or the post-anesthetic recovery rooms. Get out of the automatic and simply see the people you should see. Look at the family. They need your care, your attention, your support, and you need them. The family is the partner to whom you will appeal if something works or goes wrong. Show to them your importance in this process.

REFERENCES

1. Pinto JP, Ribeiro, CA, Pentegill, MM, Baleiro MMFG. Cuidado centrado na família e sua aplicação na enfermagem pediátrica. Rev Bras Enferm, 2010 jan-fev; 63(1):132-5.
2. Johnson BH, Abraham MR, Shelton TL. Patient-and family-centered care: partnerships for quality and safety. NC Med J. 2009; 70(2):125-30.
3. Wrigth L, Leahey M. Enfermeiras e Famílias: Um guia para a avaliação e intervenção na família. 4 ed. São Paulo: Roca, 2009.
4. Kaakinen J, Gedaly-duff V, Coelho D, Hanson S. Family health care nursing: theory, practice and research. 4th ed. Philadelphia: F.A. Davis, 2010.
5. Benzein E, Arestedt KF, Jonhansson P, Saveman BI. Families' importance in nursing care: nurses' attitudes an instrument development. J Fam Nurs. 2008;14(1):97-117.
6. Oliveira PDCM, Fernandes HIV, Vilar AIS, Figueiredo MHDJ, Ferreira MMSR, Martinho MJ, et al. Attitudes of nurses towards families: validation of the scale Families' Importance in Nursing Care-Nurses Attitudes. Revista da Escola de Enfermagem da USP, 2011; 45(6):1331-1337.
7. Brasil, ministério da saúde. Portaria Nº 1.459, de 24 de junho de 2011. Institui, no âmbito do Sistema Único de Saúde - SUS - a Rede Cegonha. Diário Oficial [da] República Federativa do Brasil, Brasília, DF, 2011. Disponível em: < http://goo.gl/PkrXAJ>. Acesso em: 20 jun. 2016.
8. Silva MANCGMM, Costa MASM, Silva MMFP. A família em cuidados de saúde primários: caracterização das atitudes dos enfermeiros. Revista de Enfermagem Referência. Portugal, 2013.
9. Fernandes CS, Gomes JAP, Martins MM, Gomes BP, Gonçalves LHT. A importância das famílias nos cuidados de enfermagem: atitudes dos enfermeiros em meio hospitalar. Revista de Enfermagem Referência. Portugal, 2015.
10. Barbieri-figueiredo MC, Santos MR, Andrade L, Vilar AI, Martinho MJ, Fernandes I. Atitudes, concepções e práticas dos enfermeiros na prestação de cuidados às famílias em cuidados de saúde primários. In Carvalho, J.C. et al. (Eds.). Transferibilidade do conhecimento em Enfermagem de Família [Knowledge transferability in Family Nursing]. Porto: Escola Superior de Enfermagem do Porto – UNIESEP. Núcleo de Investigação em Enfermagem de Família, 2012.
11. Martins MM, Martinho MJ, Ferreira MR, Barbieri-figueiredo MC, Oliveira PC, Fernandes HI, et al. Enfermagem de família: atitudes dos enfermeiros face à família - estudo comparativo nos CSP e no Hospital. In Escola Superior de Porto. Redes de Conhecimento em Redes de Conhecimento em Redes de Conhecimento em Enfermagem de Família. Porto: Escola Superior de Enfermagem do Porto – UNIESEP. Núcleo de Investigação em Enfermagem de Família, 2010.
12. Alves CMPM. Atitudes dos enfermeiros face à família: stress e gestão do conflito. Porto, 2011. Dissertação (Mestrado em Enfermagem) – Instituto de Ciências Biomédicas de Abel Salazar, Universidade de Porto, Portugal.
13. Sousa ESAS. A família: atitudes do enfermeiro de reabilitação. Porto, 2011. Dissertação (Mestrado em Enfermagem de Reabilitação) – Escola Superior de Enfermagem do Porto, Universidade de Porto, Portugal.
14. Alves MA. Atitudes dos enfermeiros face à família nos cuidados e sua relação com a vulnerabilidade da família: contexto pediátrico. In CARVALHO José C.- Transferibilidade do conhecimento em Enfermagem de Família. Porto: Escola Superior de Enfermagem do Porto, 2012. P.165-173. ISBN. 978-989-96103-6-1.
15. Rodrigues LMO. A família parceira no cuidar: intervenção do enfermeiro. Coimbra, 2013. Dissertação (Mestrado em Enfermagem Médico Cirúrgica) – Escola Superior de Enfermagem de Coimbra, Universidade de Coimbra, Portugal.
16. Angelo M, Cruz AC, Mekitarian FFP, dos Santos CCDS, Martinho MJCM. Atitudes de enfermeiros em face da importância das famílias nos cuidados de enfermagem em pediatria. Rev Esc Enferm USP 2014; 48 (Esp):75-81.
17. Cruz AC. Relacionamento com famílias na prática clínica de enfermagem no contexto neonatal e pediátrico: impacto de uma intervenção educativa e proposição de uma escala de autoeficácia.

São Paulo, 2015. Tese (Doutoramento em Enfermagem) – Escola de Enfermagem, Universidade de São Paulo.

Received on: 12/26/2016
Required Reviews: None
Approved on: 02/07/2017
Published on: 07/05/2018

***Corresponding Author:**
Jéssica Sâmia Silva Tôrres Ribeiro
Rua Barão de Uruçuí, 1405, Bloco B, Ap 1201
Noivos, Teresina/PI, Brazil
Zip Code: 64 045 290
E-mail Address: samia_520@hotmail.com
Telephone number: +55 86 98141 5888